

Nurses

ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	California Nurses Association
Contract Date	2018-2021
	Health and Welfare
Benefit Level	Full Time (61 – 80 hours)
Medical Premium Subsidy (MPS)	Employee Only \$165.23 Employee + 1 \$338.61 Employee + 2 \$455.32
Medical Opt-Out/Waive	\$40.00
Vision	Employee Only coverage paid for by the County
	Employee may purchase dependent coverage: <u>Coverage Level</u> Employee +1 \$3.57 Employee +2 or more \$9.55
Life Insurance Employer Paid	\$25,000
Voluntary Term Life	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000
Voluntary AD&D	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000
	Leave Provisions
Vacation	80-160 hours/year, w/cash-out option up to 60 hours/year if 80 hours of vacation used in previous year
Sick	3.39 hours
Bereavement	2 days per occurrence (3 if traveling > 1,000 miles)
Holiday	13 + 1 floating/year
Perfect Attendance	Reimbursement for Annual Gym Membership up to \$299 OR- 16 hours of Perfect Attendance Leave
Retirement	
Tier I Hired PRIOR TO January 1, 2013 reciprocity provision may apply	2.0% at age 55

Retirement	
Tier II Hired ON or AFTER January 1, 2013 reciprocity provision may apply	2.5% at age 67
Retirement – Other	
457(b)	Eligible to enroll at any time
Retirement Medical Trust Fund - Sick Leave Conversion	Employees become eligible to convert a portion of their sick leave to the Retirement Medical Trust upon attaining 10 or more years of participation with SBCERA and/or other public retirement system(s).
Retirement Medical Trust Fund - County Contribution	County Contribution, based on years of continuous service: 10-14 years = 1.00% of bi-weekly base salary 15+ years = 1.5% of bi-weekly base salary
Other	
529 Education Savings Plan	Eligible
Annual Tuition Reimbursement	\$700 per year, w/carryover from previous year not to exceed a balance of \$1,400/year
Dependent Care Assistance Plan	Eligible
Flexible Spending Account (FSA)	Annual maximum contribution of \$2,600
Qualified Transportation Plan	Pre-tax deductions of up to \$260/month for qualified transportation (commuter) expenses
Short Term Disability	55% up to \$1,216/week

The County provides a *Medical Premium Subsidy* biweekly to help off-set the cost of your medical and dental premiums.

Example 1: A Clinical Nurse Specialist elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee Only coverage.

\$250.96 (combined cost of premiums)

- \$165.23 (medical premium subsidy)

\$85.73 (out-of-pocket cost)

Example 2: A Correctional Nurse I elects Kaiser Permanente and Delta Dental PPO plans with Employee + 2 or more coverage.

\$898.55 (combined cost of premiums)

- \$455.32 (medical premium subsidy)

\$443.23 (out-of-pocket cost)

Example 3: A Nurse Recruiter elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee + 2 or more coverage.

\$699.38 (combined cost of premiums)

- \$455.32 (medical premium subsidy)

\$244.06 (out-of-pocket cost)